

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10731915</div>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2											
Total Depend	47											
Total Claims	49											
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